

Subject Index to Medical Economics

January Through June, 1959

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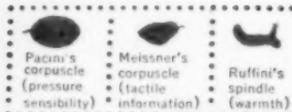
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1. Weiner, H. H.: Clin. Med. 5:25 (Jan.) 1958.
2. Giorlando, S. W., and Brandt, M. L.: Am. J. Obst. & Gynec. 76:666 (Sept.) 1958.

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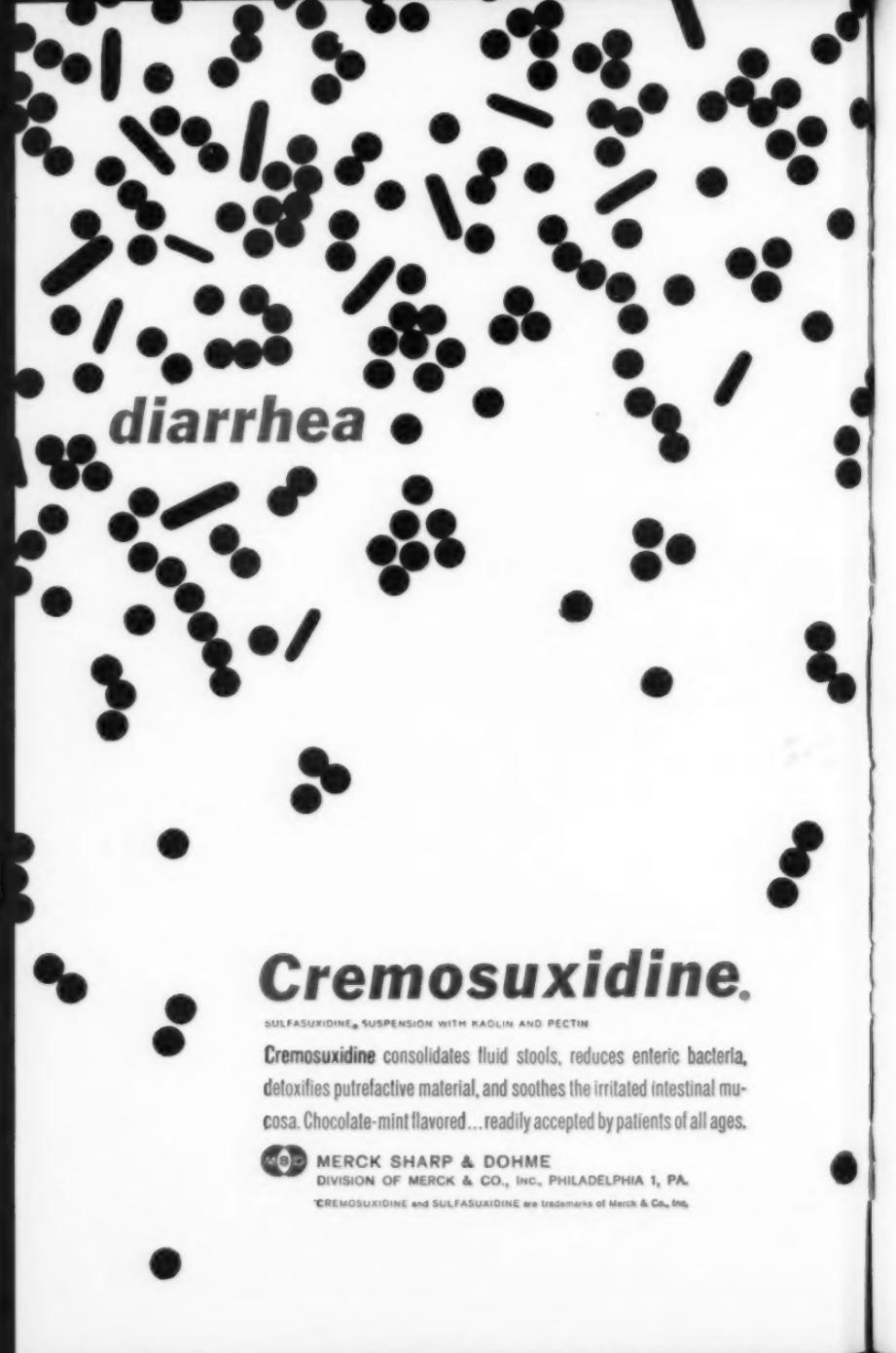
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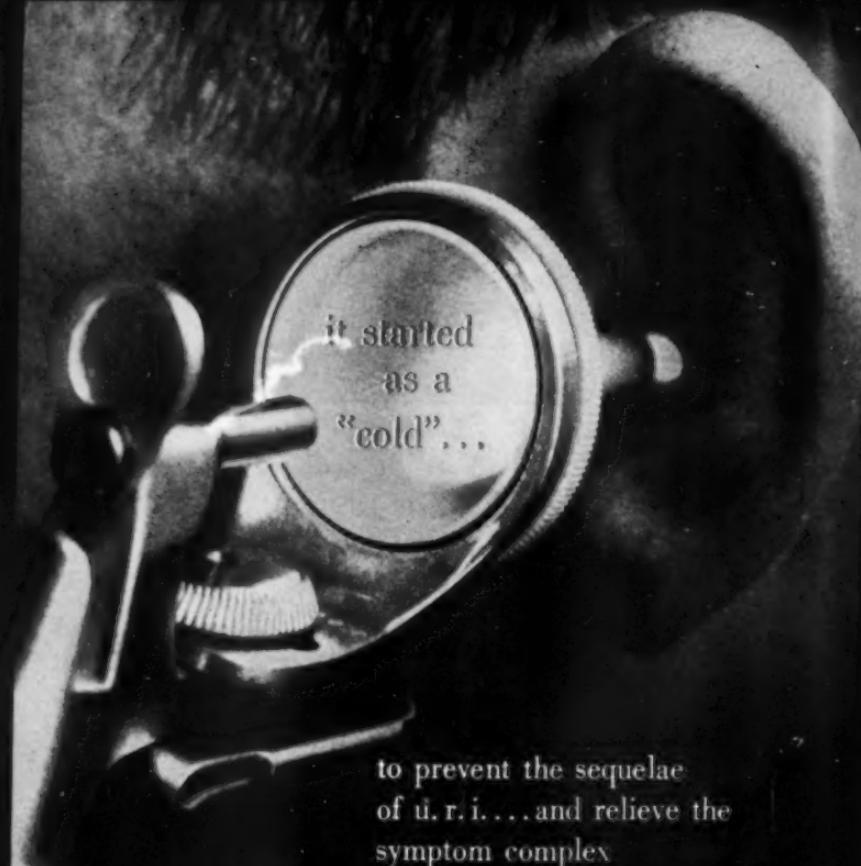
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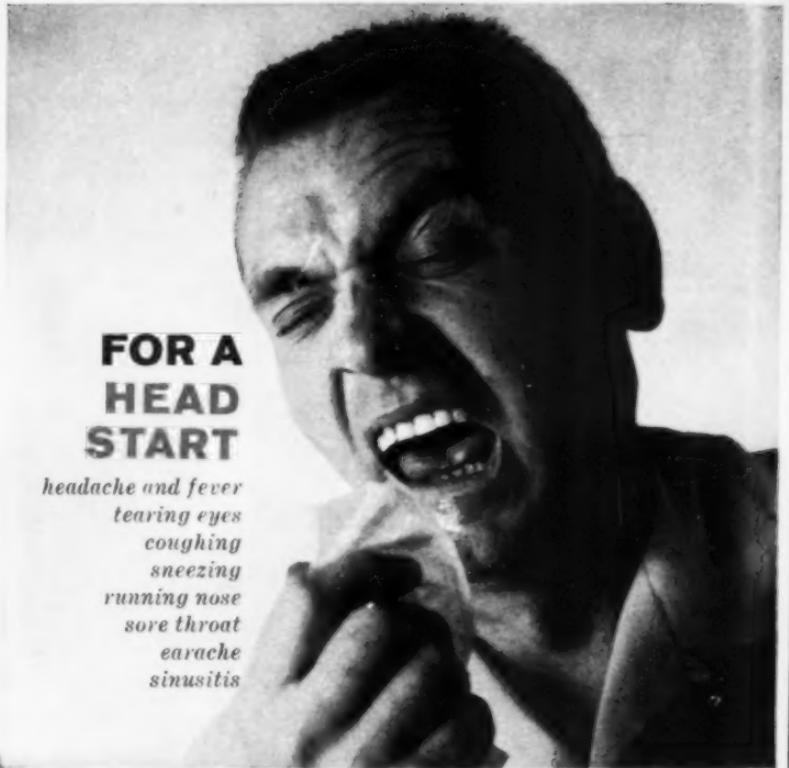
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Tetracycline-Triple Sulfa Combination (TETREX® \bar{C} T/S) in the Treatment of INFECTION

It is generally agreed that it is ideal to withhold antibiotic and chemotherapeutic drugs until after sensitivity tests show which antibacterial agent will be most effective. But very often, in actual practice, the physician knows that delay in starting antibacterial treatment may be detrimental to the welfare of his patient. He must then select the therapy to meet the most serious and immediate threats to the patient.

Why Combination Therapy?

Certain infections do not respond as well to a single agent as to a combination. *Hemophilus influenzae* infections, which are frequent in children, are a particularly serious threat to infants and children up to about 3 or 4 years of age since they have not yet built up any appreciable immunity. Serious complications such as influenzal pneumonia, empyema, or meningitis may develop, especially in this age group. In fact, except for those periods when meningococcal meningitis is epidemic, *H. influenzae* is the most frequent cause of meningitis.¹ This gram-negative organism is highly susceptible both to the tetracyclines and to the sulfonamides. Even in severe infections, therapeutic failure can be virtually eliminated by giving sulfonamides plus tetracycline.¹ These two agents together constitute the treatment of choice, and give better results than either alone.²

Sulfonamides remain the drugs of choice for all meningococcal infections, including meningitis. They readily penetrate the blood-brain barrier and pass into the cerebrospinal fluid in good concentrations.³ In treating overwhelming meningococcal infections, and complicating infections of the upper respiratory tract caused by other organisms, the addition of tetracycline to sulfas can be valuable.⁴

In recent years the sulfonamides have again been prescribed more and more frequently. In certain serious infections, better results can be obtained with a combination of antibiotic and sulfonamide than with either drug alone (e.g., severe pneumococcal pneumonia or pneumococcal meningitis⁵). Furthermore, mixed infections, to which young children are

particularly susceptible, often respond only to combination therapy such as tetracycline with sulfonamides (TETREX \bar{C} T/S).

Why Triple Sulfas?

Some sulfonamides, though therapeutically useful, frequently crystallize and cause renal damage. Sulfonamide mixtures are designed to prevent this effect. It is known that different substances can coexist in solution without interfering with each other's solubility. In such a solution each component behaves as if it alone were present. Thus, a much larger total amount of sulfonamide can exist in the urine without precipitating if a mixture is administered than if the same amount of only one compound is given.

Similarly, there is less danger of hypersensitivity with mixtures. The incidence of sensitization varies directly with the dosage and is limited to the particular sulfa given. Simultaneous use of several sulfa compounds, each in partial dosage, tends to keep each drug below its own sensitization level.³ As with all sulfonamides, it is advisable to check for possible blood dyscrasias, rash, or renal toxicity during extended administration.

TETREX \bar{C} T/S, by combining only 167 mg. each of sulfadiazine, sulfamerazine, and sulfamethazine, practically eliminates serious renal damage and sensitization reactions due to sulfonamides while retaining the therapeutic efficacy of the total dose.

TETREX \bar{C} T/S can be administered with confidence in all severe and mixed infections due to tetracycline-sensitive and sulfonamide-sensitive organisms, including infections of the upper respiratory, urinary, and gastrointestinal tracts.

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1. Russek, H.I.: Am. J. Cardiol. 3:547 (April) 1959.

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